



Request to Transfer Agencies - Release of Information

Family/Child Name: _____ Date: _____

I/We (completed by the foster parents requesting transfer) _____

authorize (name of contact person and agency including phone & email from which the transfer is being requested)

to release the below documents to 4PointsKids via email to Tim Mardock, COO, 4Points Family Services, dba 4PointsKids Foster Care & Adoption, a Texas agency, operation #1712909-14291 at tim@4points.life.

Please send the requested documents within 10 business days. If you have any questions please contact Tim Mardock at 737-444-6410 or tim@4points.life.

List of documents requested (to be completed by 4PointsKids):

<input type="checkbox"/> birth certificate	<input type="checkbox"/> proof of education	<input type="checkbox"/> social security card	<input type="checkbox"/> medical exam
<input type="checkbox"/> TB test	<input type="checkbox"/> references	<input type="checkbox"/> fire extinguisher tags	<input type="checkbox"/> disaster plan
<input type="checkbox"/> evacuation plan	<input type="checkbox"/> fire inspection	<input type="checkbox"/> health inspection	<input type="checkbox"/> floor Plan
<input type="checkbox"/> home insurance	<input type="checkbox"/> house rules	<input type="checkbox"/> pet vaccinations	<input type="checkbox"/> auto insurance
<input type="checkbox"/> auto inspection	<input type="checkbox"/> auto registration	<input type="checkbox"/> all training records	<input type="checkbox"/> investigation history
<input type="checkbox"/> compliance history	<input type="checkbox"/> developmental plan	<input type="checkbox"/> divorce decree	<input type="checkbox"/> home study & addendum(s)
<input type="checkbox"/> Other			

 Signature of Foster Parent 1

 Date

 Signature of Foster Parent 2

 Date

 Signature for 4PointsKids

 Date